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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 1109 7590 01/29/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. ANDERSON, KILL & OLICK, P.C. 1251 AVENUE OF THE AMERICAS NEW YORK., NY 10020-1182 10507153 03/14/2007 EAYALEW2 00000043 503814 Audrey de Souza (Depositor's name) 1400.00 DA 2711 01 FC:1501 (Signature) 02 FC:1504 300.00 DA (Date) March 9 2007 CONFIRMATION NO. ATTORNEY DOCKET NO. APPLICATION NO. FIRST NAMED INVENTOR FILING DATE DE1574 4129 09/07/2004 Eui-Hwan Cho 10/507.153 TITLE OF INVENTION: 9-AMINOACRIDINE DERIVATIVES AND PROCESS FOR THE PREPARATION THEREOF PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE DUE SMALL ENTITY **ISSUE FEE DUE** APPLN, TYPE \$1700 04/30/2007 \$0 \$1400 \$300 NO nonprovisional **CLASS-SUBCLASS** EXAMINER ART UNIT 1625 544-361000 DESAI, RITA J 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list ANDERSON KILL & OLICK, PC (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE SAMJIN PHARMACEUTICAL CO., LTD. Korea Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. 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